MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11270

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland,
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland,
STREET ADDRESS (If rural, give location) 7 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print) (First) Simon (Middle) N. (Last) Beachy

4. DATE OF DEATH (Month) Nov. 1, (Day) 1950 (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 11/25/1925

9. AGE last birthday 24 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Father's Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Noah C. Beachy

14. MOTHER'S MAIDEN NAME Katie Schrock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. ------

17. INFORMANT AND ADDRESS Noah C. Beachy Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH 3 years

416 X

Antecedent cause(s)

95 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1950, to 1 Nov, 1950, that I last saw the deceased alive on 1 Nov, 1950, and that death occurred at 3:55 A. m., from the causes and on the date stated above.

SIGNATURE A. E. Maney (Degree or title) Md ADDRESS Oakland Md DATE SIGNED 1 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 11/3/1950 NAME OF CEMETERY OR CREMATORY Slabach Cemetery LOCATION (City, town, or county) Garrett Co., Md. (State)

DATE REG'D BY LOCAL REG. 11/3/50 REGISTRAR'S SIGNATURE Lilia A. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11271

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident
LENGTH OF STAY (in this place): 2-Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William Fredrick (Middle) (Last) Bowser

4. DATE OF DEATH: (Month) 11- (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Road Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): R.D. Accident Garett, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Emery Bowser

14. MOTHER'S MAIDEN NAME: Sara Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Luther Bowser - Accident Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	23 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 years
	(c)	

420.1 Ath

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1950, to Nov 15, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE: Milton Depper — (Degree or title): M.D. — ADDRESS: Friendsville, Md. — DATE SIGNED: Nov 15, 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 11-18-1950

NAME OF CEMETERY OR CREMATORY: Accident

LOCATION (City, town, or county) (State): Accident Md

DATE REC'D BY LOCAL REG.: Nov-18-50

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Mrs Winebrenner — ADDRESS: Grantsville Md

98898

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U. S. PATENT OFFICE

CHANGES IN items 7, 13, 14: LETTER from Wm. Gunter, attached to letter of authority from Dr. Baumgartner filmed 1-24-51 G130 LL (for WHW).

MARYLAND STATE DEPARTMENT OF HEALTH

11717

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH COUNTY: Garrett — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville LENGTH OF STAY (in this place): HOSPITAL OR INSTITUTION OR STREET ADDRESS: On route 40 Foot of Negro Mt	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Allegany CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland STREET ADDRESS (If rural, give location): 318 Pennsylvania Ave ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	MERRITT	COUSINS	Nov	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Divorced	3/7/95	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Tri-State Climate Corp	Flag Pond, Tenn	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
~~Unknown~~ Willard	~~Unknown~~ Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WWI	214-14-7994	Curtis E. Cousins, Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injuries chest wall - fractures

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 6-7th Cervical vertebrae - Bilateral amputations of legs -

816.5 170c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	US Route 40 near Keyser's Ridge		Garrett	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov 13-1950 5:15 p.m.		Collision between auto & truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Baumgartner	M D	Oakland Md	Nov 14-1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 17, 50	Zion Memorial Park	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov-18-50	Ethel Broadwater	Wm Altimus Berg	Grantsville Md.

33617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

NOV 21 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11272

Reg. Dist. No. 167

1. PLACE OF DEATH: COUNTY Garratt Gorman MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) Zena (Last) Devers

4. DATE OF DEATH (Month) 11 (Day) 1st (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 1/1882

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House wife

11. BIRTHPLACE (State or foreign country) Harman, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Nelson

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT William Devers, ~~Gorman, W. Va.~~ Germania Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. I. Bannyarthor (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 11/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/4/1950

NAME OF CEMETERY OR CREMATORY Pope Cemetery,

LOCATION (City, town, or county) (State) Gorman, Md.

DATE REC'D BY LOCAL REG. Nov. 13, 1950

REGISTRAR'S SIGNATURE Elmer Shaffer per R.F.

24. FUNERAL DIRECTOR Emery D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park; LENGTH OF STAY (In this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Selbysport; STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Fisher

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 26, 1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/14/1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Woods work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John M. Fisher

14. MOTHER'S MAIDEN NAME: Elizabeth Ringer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT: Paul W. Fisher Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Malnutrition

286.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Had been living alone and unable to take care of himself.

200a (c) He was in a very weakened condition..... literally starved to death. (12-11-50 - ams)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. L. Baumgartner (Degree or title) M.D. ADDRESS: Oakland Md DATE SIGNED: 11/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/28/1950 | NAME OF CEMETERY OR CREMATORY: Addison Cemetery | LOCATION (City, town, or county) (State): Addison, Pa.

DATE REC'D BY LOCAL REG.: Nov. 27-1950 | REGISTRAR'S SIGNATURE: Julia A. Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS: Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) C. (Last) GROVES
4. DATE OF DEATH (Month) NOVEMBER (Day) 4 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Nov. 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWFE.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis
14. MOTHER'S MAIDEN NAME Rachael Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS F.D. GROVES FRIENDSVILLE SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage & Rt Hemiplegia	2 years
	(c) Arteriosclerosis	10 yrs

331x
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1950, to 4 Nov, 1950, that I last saw the deceased alive on 3 Nov, 1950, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE A.E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 5 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/6/50
NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
LOCATION (City, town, or county) Preston County, (State) W.Va.

DATE REC'D BY LOCAL REG. Nov 6
REGISTRAR'S SIGNATURE ~~Mrs. Kathryn Pike~~ Julia Rowan per R.F.
24. FUNERAL DIRECTOR W. W. Savage ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11275

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY GARRETT CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FLORA (Middle) HADDEN (Last) MURPHY
4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH MAY 8, 1872
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) UNIONTOWN, PA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN HADDEN
14. MOTHER'S MAIDEN NAME ELLEN HOOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MRS. BESSIE ZAHN, MT. LAKE PARK? MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerotic cardiovascular disease	Many years
422.1 Antecedent cause(s)	(b) Heart failure	about 1 month
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 18 Nov, 1950, that I last saw the deceased alive on 18 Nov, 1950, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas F Lusby M. D.
ADDRESS Oakland, Md.
DATE SIGNED 20 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 11-21-50
NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY
LOCATION (City, town, or county) (State) OAKLAND, MD.

DATE REC'D BY LOCAL REG. Nov-21-1950
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emroy Bolden
ADDRESS OAKLAND MD

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DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 11276
Registrar's No. 161

State of

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Near Friendsville (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) FULL NAME Mary Alice Riley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 15 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	9	hr. min.

9. Birthplace Maryland (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Henry Riley
13. Birthplace Md (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Van Sickle
15. Birthplace Md (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pearl Friend
(b) Address Friendsville Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-50 (Month) (Day) (Year)
(c) Place; burial or cremation Bloomingrose
18. (a) Signature of funeral director E. G. Harned
(b) Address Brandonville W Va
19. (a) 11-29-50 (Date received local registrar) (b) Kathryn Fite (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Nov day -24-
year 1950 hour 11 minute 10 PM
21. I hereby certify that I attended the deceased from Nov -24- 19 , to Nov -24, 1950
that I last saw her alive on Nov -24-, 1950
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia — ?
Due to Probably Chr Nephritis
Liv a Coma when
Due to I saw her at 4 PM

Other conditions (Include pregnancy within 3 months of death)

592x
Major findings:
Of operations
131b
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature H. B. Mesamore (M. D. ~~or other~~)
Address Addison - Pa Date signed 11/29/50

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13403

52086

Friendsville Md
Dec 23, 1950

State Board of Health,
Baltimore, Md.

Dear Sir.

I am very sorry but the day I recd this I was called to Pittsburgh, Pa to the beside of my sister who was critially ill & that is just why this is late I am very sorry, & from now on shall be more prompt.

yours truly,
Kathryn Fike
Local Registar,
Friendsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11277 166
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LAKE PARK
STREET ADDRESS (If rural, give location): G STREET

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) J. (Last) ROY
4. DATE OF DEATH: (Month) NOVEMBER (Day) 20 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCTOBER 6, 1863
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Saw Milling & Coal mining
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JACKSON ROY
14. MOTHER'S MAIDEN NAME: WHITE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Nephrosis — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
446X 97
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

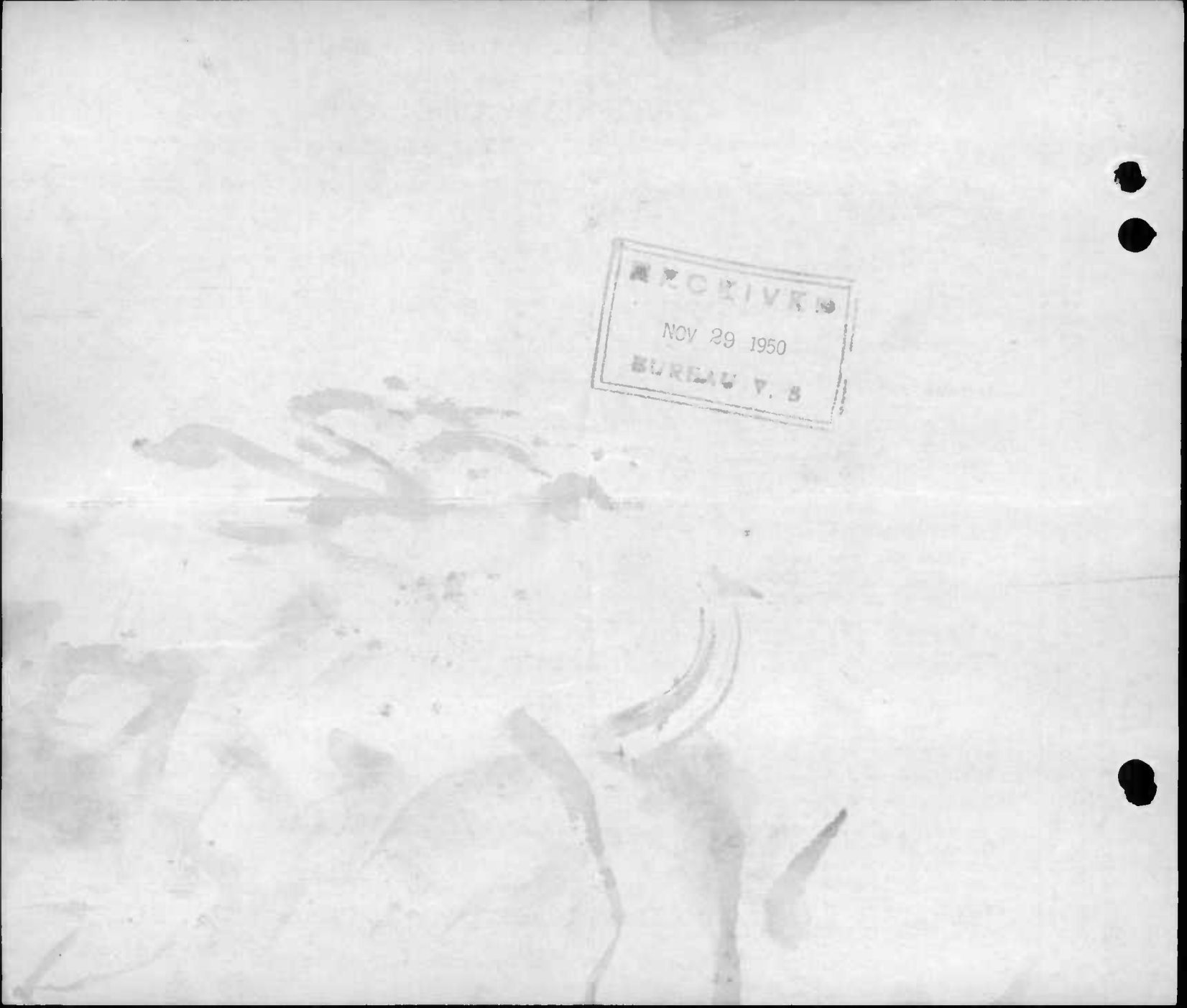
22. I hereby certify that I attended the deceased from Oct., 1950, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. J. Baumgartner M.D. — ADDRESS: Oakland Md. — DATE SIGNED: 11/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/23/1950 — NAME OF CEMETERY OR CREMATORY: Kimmell Cemetery — LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG.: Nov-23-1950 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

9809


RECEIVED
NOV 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11278

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: On Route 40 Foot of Negro Mountain

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 1000 Oldtown Road ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wm	Roberdeau	Sherman	Nov	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-4-1924	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner	Tri State Chemical Corp	Cumberland Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William L. Sherman	Sarah Counelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Wm L. Sherman Philadelphia Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) (1) Crushing Injuries right chest wall	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple fractures skull & jaws	Instant
	(c)	

816.5
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	U.S. Route 40	Keysers Ridge	Garrett	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
Nov.	13	50	5P. m.			Collision between auto & truck

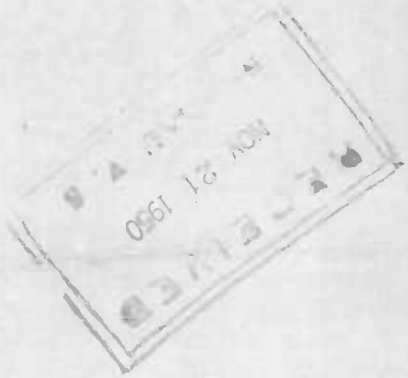
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L.D. Baumgartner	MD	Oakland Md	Nov. 14-1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 16-1950	St Peters & Pauls Cem	Cumberland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov-18-50	Ethel Broadwater	Wm Winterberg	Grantsville Md.

15617


RECEIVED
NOV 21 1960

11279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County: Garrette Co

City or town: Friendsville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrette

City or town: Friendsville R F D
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Pauline M VanSickle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Raymond Van Sickle

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 20 1916

8. AGE: Years 34 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Friendsville Garrette Co Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own home

FATHER
12. Name: G L Huff
13. Birthplace: Maryland

MOTHER
14. Maiden name: Amanda Huff
15. Birthplace: Maryland

16. Informant

Address: Friendsville Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof: II/9/50 (month) (day) (year)

Cemetery or crematory: Asher Glade Cem-

Location: Markleysburg Pa (near)

18. Funeral director: E G Harned

Address: Brandonville W.Va

19. Nov. 9, 1950 (Date rec'd by registrar) Mrs Kathryn [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7 1950, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: ~~[illegible]~~ Cancer

Due to: 4 [illegible]

Due to: 174X

Other conditions: 48b

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Cancer of [illegible] Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: [illegible] Injured at work?

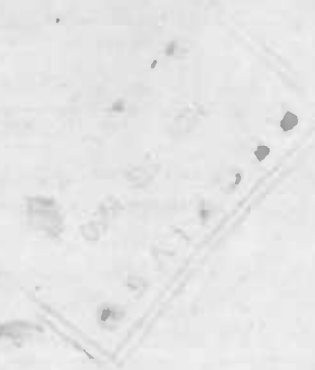
23. SIGNATURE: [illegible] M. D. or other

Address: Friendsville Date signed

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11280

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) Loch Lynn

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) E. (Last) Walcott

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4/6/1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin W. Walcott

14. MOTHER'S MAIDEN NAME: Lett Moultin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. -----

17. INFORMANT AND ADDRESS: Paul DeWitt Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Disease (& Dropsy)

434.3 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95c (b) Same

(c) Same

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Same

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-, 1950, to 11-3rd, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:25P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. W. Wenzel M.D. Oakland Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 11/6/1950

NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

LOCATION (City, town, or county) (State) near McHenry, Md.

DATE REC'D BY LOCAL REG. 11-6-1950

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

866W

RECEIVED
NOV 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11281

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eighth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Eighth Street

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) Enid (Paugh) (Last) Warnick
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 21, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/14/1889
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Paugh
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT AND ADDRESS: Luther S. Warnick Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE E. J. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 11/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 11/24/1950 | NAME OF CEMETERY OR CREMATORY: Turner Cemetery | LOCATION (City, town, or county) Walnut Bottom; Garrett Co Md (State)

DATE REC'D BY LOCAL REG. Nov-24-1950 | REGISTRAR'S SIGNATURE Julia M. Bowser

24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS Oakland, Md.

RECEIVED
NOV 29 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11282

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEMPTON P.O. WEST VIRGINIA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	E	WOLFE	NOVEMBER 24 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	MARRIED	MAY 21, 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HWFE.		WEST VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES DAVID SMITH	SHROUT, SARAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		HARRY D. WOLFE KEMPTON W.VA. (HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of uterus — ?

174X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with generalized carcinomatosis

48b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of uterus	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 12, 1950, to Nov 24/1950, that I last saw the deceased alive on 24 Nov, 1950, and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas D. Ruby M D		Oakland, Md.	24 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	Nov. 27, 1950	Bayard	Bayard,	W Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/1950	Julia A. Rowan	J. D. Duncan	Thomas, W Va.

RECEIVED
NOV 29 1950
BUREAU OF